



Automated Medical Payments

Medicaid Bulletin

Colorado Title XIX

Fiscal Agent



600 Seventeenth Street
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Denver, CO 80202

Medicaid Provider Services

303-534-0146
1-800-237-0757

Mailing Addresses

Claims & PARs
P.O. Box 30
Denver, CO 80201-0030

Correspondence, Inquiries & Adjustments

P.O. Box 90
Denver, CO 80201-0090

Provider enrollment, Provider information, Changes, Signature authorization, and Claim requisitions

P.O. Box 1100
Denver, CO 80201-1100

Medicaid Fiscal Agent Information on the Internet

coloradomedicaid.acs-inc.com

**Distribution: Physical & Occupational
therapy providers, Physical therapy clinics**

January 2002

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Acute Care Outpatient Occupational Therapy and Physical Therapy

Effective February 15, 2002, Medicaid clients will be limited to six visits of acute care outpatient Occupational Therapy (OT) and six visits of acute care outpatient Physical Therapy (PT). To receive more than six visits of OT and PT, an approved Prior Authorization Request (PAR) from The Colorado Foundation for Medical Care (CFMC) must be on file with the fiscal agent. There are no retroactive authorizations. If a client receives more than six treatments without an approved PAR, the claim will deny and the provider will not be reimbursed for those treatments.

The PAR becomes active on the date it is approved. PARs are effective for a one-year time period and cover the approved number of authorized OT/PT treatments.

The rendering therapist or clinic shall submit the PAR along with documentation supporting medical necessity to CFMC.

A CFMC medical reviewer familiar with OT/PT will review, and approve or deny the request for services.

The PAR must include:

- A medical prescription from a licensed physician
- The client's name and Medicaid ID number
- The clinic name, business address, phone number, and Medicaid provider number, if the service is being billed through a clinic.
- The billing physician's name, address, phone number, and Medicaid provider number.
- The name, professional title, business address, and phone number of the referring physician.
- The name, professional title, business address, and phone number of the rendering therapist.
- A service plan for the client. The plan shall include:
 - ✓ Diagnosis
 - ✓ Statement of problem
 - ✓ Interventions and modality
 - ✓ The physical location or locations (i.e., home, clinic, school, etc.) where service will be provided
 - ✓ Goals of therapy (client, therapist, and family collaboration)
 - ✓ Statement identifying the expected number of treatments within a specific timeframe to meet goals

Medicaid bulletins contain important policy and billing information and should be shared promptly with billing staff.

Bulletins supplement information in the Medicaid Provider Manual and should be retained with the provider manual for reference. Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.

Please direct questions about bulletins and billing information to Medicaid Provider Services.

A Medicaid covered service that meets the "medical necessity" definition includes the following criteria.

The medically prescribed service:

1. Is found to be an equally effective treatment among other, less conservative or more costly treatment options; and,
2. Meets at least one of the following criteria:
 - a. The service will, or is reasonably expected to, prevent or diagnose the onset of an illness, injury, condition, primary disability or secondary disability.
 - b. The service will, or is reasonably expected to, cure, correct, reduce or improve the physical, mental, cognitive or developmental effects of an illness, injury or disability.
 - c. The service will, or is reasonably expected to, reduce or help the pain or suffering caused by an illness, injury, condition or disability.
 - d. The service will, or is reasonably expected to, assist the individual to achieve or maintain individualized maximum functional capacity in performing activities of daily living.

If the client's medical condition requires more treatments than listed and authorized on the original PAR, a subsequent PAR is required. Each PAR must include all required information previously noted.

Retrospective reviews of OT and PT services may be performed for reasons such as, but not limited to:

- Goals not achieved (*as determined by physician, therapist, client*)
- New therapist
- Family requests a review of the case
- Provider requests a review of the case

Note: *These protocols apply only to Acute Care Outpatient Physical Therapy and Occupational Therapy, and **not** to Physical Therapy and/or Occupational Therapy services provided to clients by home health agencies or outpatient hospitals.*

Included with this bulletin:

1. A list of Physical Therapy/Occupational Therapy codes
2. A copy of the PAR form

Please direct questions about Medicaid acute care outpatient occupational therapy and outpatient physical therapy information in this bulletin to:

**303-534-0146 or
1-800-237-0757 (toll free Colorado).**

Physical Therapy/Occupational Therapy CPT* CODES

97001	Physical Therapy evaluation	97112	Neuromuscular reeducation of movement
97002	Physical Therapy re-evaluation	97113	Aquatic therapy
97010	PT – Application of a modality to one or more areas: hot or cold packs	97116	Gait training
97012	PT – Traction	97124	Massage, including effleurage
97014	PT – Electrical stimulation	97139	Unlisted therapeutic procedure
97016	Vasopneumatic devices	97140	Manual therapy techniques
97018	Paraffin bath	97150	Therapeutic procedure (group)
97020	Microwave	97504	Orthotics fitting and training
97022	Whirlpool	97520	Prosthetic training
97024	Diathermy	97530	Therapeutic activities
97026	Infrared	97542	Wheelchair management
97028	Ultraviolet	97545	Work hardening/ conditioning, initial 2 hours
97032	Application of electrical stimulation	97546	Each additional hour
97033	Iontophoresis, each 15 minutes	97601	Removal of devitalized tissue from wound
97034	Contrast baths, each 15 minutes	97602	Non-selective debridement, without anesthesia
97035	Ultrasound, each 15 minutes	97703	Checkout for orthotic/prosthetic use
97036	Hubbard tank, each 15 minutes	97750	Physical performance test or measurement
97039	Unlisted modality (specify type and time of constant attendance)	97799	Unlisted physical medicine/rehabilitation service or procedure
97110	Therapeutic procedure		
Occupational Therapy Codes			
97003	Occupational Therapy evaluation	97533	Sensory integrative techniques to enhance sensory processing
97004	Occupational Therapy re-evaluation	97535	Self care/home management
97532	Development of cognitive skills to improve attention	97537	Community work/ reintegration training
HCPCS			
Q0086	Physical therapy evaluation/treatment, per visit	G0152	Services of occupational therapist in home health setting (15 minutes)
G0151	Services of physical therapist in home health setting, (15 minutes)	S9129	Occupational therapy, in the home, per diem

*CPT codes, descriptions & 2 digit modifiers are copyright American Medical Association. All rights reserved.